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APPLICANTS

Robert Lee, Lake Elmo, MN;

** CONTINUING DATA *****

None

Cpe

** FOREIGN APPLICATIONS *****

None

Cpe

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>Cpe</u> Initials <u>SLH/bb</u>	MN	3	25	2

ADDRESS

32692
 3M INNOVATIVE PROPERTIES COMPANY
 PO BOX 33427
 ST. PAUL, MN
 55133-3427

TITLE

Dental material storage and delivery system and method

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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